

**Supplemental Grant Awards for Integration of HIV/AIDS Prevention Activities in Title X
Family Planning Providers in areas with Demonstrated High Risk for HIV/AIDS**

TO:	PROGRAM: TITLE X
GRANT NAME:	COMPETING x
GRANT NO.	NON-COMPETING

INSTRUCTIONS: BEFORE SUBMITTING YOUR GRANT APPLICATION, PLEASE REVIEW THE FOLLOWING LIST.

RETURN THE ORIGINAL AND TWO COPIES OF YOUR APPLICATION NO LATER THAN 16-May-01	FOR ASSISTANCE IN PREPARATION OF THIS APPLICATION, CONTACT: PROGRAM:
TO DEPT. OF HEALTH & HUMAN SERVICES OFFICE OF POPULATION AFFAIRS FAMILY PLANNING SERVICES NATIONAL GRANTS MANAGEMENT OFFICE 1301 YOUNG STREET, SUITE 766 <u>DALLAS, TEXAS 75202</u>	PHONE: GRANTS: Maudeen Pickett PHONE: 214-767-3401

APPLICATION SUBMISSION REQUIREMENTS

ORIGINAL SIGNED APPLICATION PLUS TWO COPIES

- ☐ SF 424 - Application for Federal Assistance - properly signed
- ☐ SF 424A - Budget information and budget narrative
- ☐ Evidence of compliance with Executive Order 12372 (SPOC)

ALL applications will be screened and the applications will be considered NON-CONFORMING if the following items are not included and/or addressed in the application.

ALL NON-CONFORMING APPLICATIONS WILL BE RETURNED.

- ☐ Identification of the Target Area
 - ☐ AIDS cases per 100,000
 - ☐ HIV rates per 100,000
 - ☐ Rates for STD's
 - ☐ Adolescent pregnancy or birth rates
 - ☐ Number of users by race and age
 - ☐ Number of users by Hispanic/non-Hispanic
 - ☐ Number of users by income
- ☐ Describe all HIV activities currently provided (if none provided state none provided)
- ☐ Describe the unmet need for the proposed services including data
- ☐ Describe proposed HIV related services to be provided
- ☐ Provide evidence that project support activities includes cultural competency, linguistic & educational appropriate
- ☐ Provide evidence of or plan for formal agreements for referrals of HIV positive clients for care and treatment
- ☐ Provide evidence of trained staff - CDC, state or other guidelines or plan for training prior to providing services
- ☐ Provide protocols related to HIV activities
- ☐ Provide evidence of a process for evaluation